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# INTERNATIONAL ADMINISTRATION OF NARCOTIC DRUGS, 1928-1934

by

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*with the aid of the Research Staff of the Foreign Policy Association,  
in collaboration with the Geneva Research Center*

## INTRODUCTION

THE problem of narcotic drugs<sup>1</sup> has an interest entirely apart from its social and humanitarian aspects. The three basic treaties regulating the traffic in opium and dangerous drugs — the International Opium Convention of 1912 at The Hague, the Geneva Drug Treaty of 1925, and the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 1931 — afford a unique example of the gradual transference by governments of certain powers and rights once considered sovereign to two international organs: the Permanent Central Opium Board, created by the Geneva Drug Convention of 1925; and the Supervisory Body, created by the Narcotic Drug Limitation Convention. The development of the treaties which created actual international control powers, and the functioning of these two organizations have wide significance. Certain principles essential to international control have been explored, and the resulting agreements present a compromise system which has operated effectively for a considerable time. The Permanent Central Opium Board has functioned for six years, the Supervisory Body for eighteen months. The results of this administrative experience are being watched with close attention by those concerned with the problem of extending international control measures to other fields, such as the private manufacture and trade in arms.

When a commodity is subjected to international control, questions such as these must be answered: What quantity is to be manufactured? Who is to manufacture it? What body is to assure the consumer that a sufficient supply is manufactured? By whom will national requirements be determined?

Overproduction or maldistribution have in recent years necessitated the control of several important commodities, not only in order

to equate production with potential consumption, but to maintain an accustomed level of profits. In the case of narcotic drugs, control of production is not an economic policy adopted by the producer, but a social policy imposed through the force of public opinion. Overproduction of narcotic drugs has not resulted in a glutted market and falling prices, but is an important factor in the spread of drug addiction, which appears to have no predictable limit.

## THE OPIUM PROBLEM

Opium may be used for smoking; it may also be used as the raw material for the manufacture of narcotic drugs indispensable in the treatment of disease. Production of opium for smoking or drug manufacture in excess of world needs for medical and scientific purposes provides the supplies which inevitably reach the illicit market and the addict. The problem, therefore, is to reduce world production of raw materials and finished product to the quantities needed by medicine and science, and to assure that in the course of distribution drugs are not diverted from legitimate trade channels into those of illicit traffic. To do this, an approximate global total of the medical and scientific needs of the world must be ascertained, and the distribution of drugs, both nationally and internationally, must be so regulated as not to interfere with the free course of legitimate trade; at the same time, drugs must be prevented from reaching any but licit markets.

## COUNTRIES PRODUCING RAW OPIUM FOR EXPORT

The principal countries growing raw opium for the export market are Persia, for the manufacture of smoking opium, and Turkey and Yugoslavia for drug manufacture. In China a government monopoly has recently been established controlling the sale and distribution of opium for a period tentatively limited to six years. Previously all production of opium in China had been illegal; now it is legal in certain provinces. The

1. Opium is the coagulated juice obtained from capsules of the *Papaver-Somniferum*. Morphine is made from opium; diacetylmorphine (heroin), codeine and other drugs are manufactured from morphine. Cocaine is made from the coca leaf. The word "opium" is loosely but quite generally used to refer to all narcotic drugs.

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monopoly system has been instituted in an effort to control and eventually reduce consumption.<sup>2</sup> No export of Chinese opium is permitted, so that for the purpose of legitimate international traffic China need not be included as a source country of raw material.

India will cease all export of opium for smoking purposes by the end of 1935, and is at present exporting its comparatively small quantities of raw material only to Great Britain for drug manufacture. Consequently India also is not to be considered in the general export market. Figures on cultivation of opium have recently been received from the U.S.S.R. showing that a limited export trade is developing, chiefly with Germany. Production figures in Manchuria, under a form of government monopoly administered by the department of finance of the "Manchoukuo Government," remain unknown. Bulgaria grows opium, a large proportion of which has until recently been clandestinely manufactured into drugs, in factories not licensed by the government.<sup>3</sup> Bulgaria has not yet entered the legal export market for raw materials.

#### CHIEF DRUG MANUFACTURING COUNTRIES

The chief drug manufacturing countries<sup>4</sup> are the United States, Great Britain, Japan, France, Germany, Switzerland, Holland and the U.S.S.R. Other countries, which have recently begun manufacture are Czechoslo-

vakia, Hungary, Poland, Italy, Belgium, Sweden, Yugoslavia, the Kwantung Leased Territory, Korea and Formosa.<sup>5</sup>

The provisions in the three basic treaties must be understood to enable one to appreciate the force of the statement in the report of the Fifth Committee to the League Assembly of 1934: "During this present year the operations of the legitimate drug trade of the world manufacture, export, import, consumption and the maintaining of stocks, have been conducted for the first time in history on a basis of a world plan drawn up in advance under the auspices of the League and legally binding on all parties to the Convention and their relations both with each other and with non-parties."<sup>6a</sup>

Since the subject of this report is the international control of manufactured drugs, no detailed consideration will be given to the control measures applied to smoking-opium.<sup>6</sup> It may be noted in passing that, in contrast to its considerable success in the field of manufactured drugs, the efforts of the League to find a solution of the smoking-opium problem have shown very little result. The treaty obligations of the Hague Convention of 1912, as implemented by the Geneva Opium Smoking Agreement of 1925 and by the Bangkok Agreement of 1931, have not been carried out satisfactorily, nor have adequate administrative measures been taken by the various colonial governments concerned.<sup>7</sup>

### ANALYSIS OF BASIC DRUG TREATIES

#### THE HAGUE OPIUM CONVENTION OF 1912

The Hague Opium Convention of 1912 was the first of the drug treaties, and has served as a basis for the others. It obliges each government to control the production and distribution of opium within its territory, to take steps to see that export to countries which have regulations governing imports are made only in accordance with regula-

tions of the latter, and to prohibit export to countries importation into which is illegal. Chapter II of the 1912 Convention deals with prepared opium used for smoking, and therefore does not fall within the scope of this report. Chapter III outlines domestic measures to be undertaken to "limit exclusively to medical and legitimate purposes" the manufacture, sale and use of these drugs, by controlling persons and places involved in manufacture, import, sale, distribution and export.

2. League of Nations, *Minutes of the Opium Advisory Committee*, November 1934. Statement of Chinese Representative to Sub-Committee on Seizures, November 22.

3. League of Nations, *Minutes of the Opium Advisory Committee*, May 1934, C.317.M.142.1934.XI., p. 39.

4. Principal manufacturing countries and quantities manufactured in 1933:

Morphine. Of the twenty countries manufacturing morphine, seven manufactured more than one ton each (the United Kingdom, France, Germany, Japan, Switzerland, the United States, and the Union of Soviet Socialist Republics), and the total quantity manufactured amounted to 27,441 kg.—i.e., 89.13 per cent of the reported world manufacture (30,788 kg.).

Diacetylmorphine. Six countries manufactured more than 100 kg. each of diacetylmorphine (heroin), or almost reached that figure; these were the United Kingdom, France, Germany, Japan, Korea and Switzerland. The total quantity manufactured by them amounted to 1,295 kg., representing 96 per cent of the reported world manufacture (1,347 kg.).

Cocaine. Eight countries manufactured quantities of cocaine in excess of 100 kg.; these were Belgium, the United Kingdom, France, Germany, Japan, the Netherlands, Switzerland and the United States. The total quantity manufactured by these countries amounted to 3,775 kg., representing 94 per cent of the reported world manufacture (4,010 kg.). League of Nations, *Permanent Central Opium Board Report to the Council for year of 1933*, C.390.M.176.1934.XI, p. 8.

5. It has been suggested that this increase in the number of countries manufacturing dangerous drugs may be one of the results of the control system of the 1931 Drug Limitation Convention. That increase has, however, not increased the world output.

5a. League of Nations, *Report Submitted by the Fifth Committee to the Assembly*, A.51.1934.XI., September 25, 1934.

6. "Although the narcotics subject to the control comprise several categories of substances, it was found that comparison with armaments, to be of any value, should be confined to manufactured narcotics. The question of raw opium, coca leaves and Indian hemp and the question of prepared opium (for smoking) were therefore left on one side." League of Nations, *Analogies between the Problem of the Traffic in Narcotic Drugs and that of Trade in and Manufacture of Arms*, Conf. D. 159., May 4, 1933, p. 2, note 1.

7. "The Conference came to the conclusion that no radical measures for the suppression of the practice of opium-smoking are practicable while the production of opium continues on an enormous scale and while large quantities of opium are smuggled into the territories of the Powers concerned." League of Nations, *Agreement and Final Act of the Conference on the Suppression of Opium-Smoking Convened under Article XII of the Geneva Opium Agreement*, Bangkok, C.70.M.38.1932.XI., p. 10.

The principle that the right to deal in narcotics should be restricted to persons or firms specially licensed to engage in such business is established by the Convention, but is qualified by the phrase, "shall use their best endeavors to adopt"<sup>8</sup> the requirement of licenses or permits. Restriction of the right to import to authorized or "licensed" persons is weakened by the phrase "due regard being had to the differences in their conditions, the Contracting Powers shall use their best endeavors."<sup>9</sup>

The governments were equally cautious in 1912 in committing themselves to international obligations. Again appears the qualification: the contracting powers "shall use their best endeavors" to adopt measures preventing the export of these drugs except in conformity with the law of the importing countries. International exchange of information, showing the names of persons in each country granted licenses to import drugs, was provided for. But once more the provision was permissive, not obligatory.<sup>10</sup>

In Chapter V the powers took a bold step by agreeing to communicate the text of their laws, and statistical information about their "trade," with as "many details and within a period as short as may be considered possible."<sup>11</sup> In this Chapter, as elsewhere, the Convention laid down important principles, but did not define the means by which they should be carried out.

This constituted in 1912 the extent to which sovereign powers would commit themselves internationally.

#### GENEVA CONFERENCE OF 1925

By 1924 the increase in illicit traffic and consequent widespread addiction, to which world attention had continuously been directed by the Opium Advisory Committee of the League, led the governments to recognize the necessity of more thoroughgoing and rigid control than existed under the Hague Convention. They realized in particular that some kind of central administrative board should be set up to supervise the course of international trade; that the provisions in the Hague Convention requiring control of imports and exports should be materially strengthened, and that the governments should be required to take effective measures to limit both manufacture and distribution of narcotics to the amount necessary to supply the world's legitimate needs. The Geneva Conferences of 1924 and 1925 were convened

to consider these matters. The former dealt exclusively with the smoking-opium problem and will not be discussed here.

At the 1925 conference it was early agreed that an international board was needed to deal with this problem which was essentially international in scope, but differences of opinion shortly appeared as to the extent of the powers to be granted to such a board. In discussions preparatory to and during the 1925 conference, the following questions arose:

*First*, must a government submit full and frequent statistics to the board?

*Second*, should the board have the right to question these statistics, to ask for further details, to question discrepancies arising between the figures of different governments, to comment on the statistics and explanations given?

*Third*, should each country be required to submit estimates to the board of its needs of drugs for medical and scientific use, or should these estimates be made by the Board? It had been conceded that such estimates must be available to some central clearing house, so that standards might be obtained against which information could be checked and a global total for world needs ascertained. Another fundamental difference arose over the question whether these estimates should be binding on governments, and whether publicity should be given to the estimates.

*Fourth*, should the board be given the right to communicate directly with governments, and not be compelled to communicate through an organization essentially political in character such as the Council of the League? Even more important was the question whether the board should be given the right to make public the facts of the world situation and the position of governments with relation to it.

*Fifth*, would governments agree in advance to follow the recommendation of the board, even to the point of imposing an embargo on exports of narcotics to the countries whose governments refused to follow the board's recommendations? Authority for action on the basis of information must be granted, otherwise the international organ will become ineffective.

#### Discussion of the British-American Plan

In general, the British and American delegations to this conference agreed on four main points: (1) that the quantities of raw materials produced and drugs manufactured be limited to certain defined amounts consistent with medical requirements; (2) that manufacture be limited for the time being to the existing manufacturing countries, the total to be divided among them on a quota basis; (3) that total world requirements be established by means of annual estimates submitted in advance by each government; and (4) that a central international organ be established to fix, on the basis of the estimates, the total quantity of drugs to be manufactured each year, and each country's quota of manufacture.<sup>12</sup>

8. League of Nations, International Opium Convention, The Hague, 1912, O.C.I (1) Chapter III, Art. 10.

9. Hague Convention of 1912, Chapter III, Article 12.

10. *Ibid.*, Article 14.

11. *Ibid.*, Chapter V, Article 21.

12. League of Nations, Report of the Opium Preparatory Committee, C.348.M.119.1924.XI.



In effect, the plan urged by the British and American members involved the general participation of all countries in a single system of control under international supervision, while the French favored the traditional idea of individual action by each government and reliance on the national obligation imposed by treaty undertakings. The French rejected direct limitation of manufacture, chiefly because it could not be effected without the system of control outlined in the British and American plans. These views were irreconcilable.

The discussions at the conference developed into an attack on the British-American plan, on the basis of four main arguments: some governments feared undue encroachment on national sovereignty; some were apprehensive of injury to business interests; some thought the consumer's protection was not adequately assured; and some insisted that the plan was impracticable and would prove a nuisance administratively.

Japan refused to accept the right of an international board to revise estimates supplied by a government. The governments, it argued, should retain sufficient power to protect themselves from the board's decisions. The Netherlands insisted that the board have power simply to collect and publish statistics. The French delegation objected very strongly to giving the board power to communicate directly with governments, and suggested that its questions and recommendations be made through the Council of the League or the Secretary-General.

The consuming countries agreed that they could not permit the limitation of their sovereign rights which was inherent in the proposed power of the board to fix binding drug estimates.<sup>13</sup> They also feared that any system of direct limitation and quotas would leave them open to exploitation by combinations of manufacturers. To avoid this they suggested that half the members of the proposed board be representatives of consuming countries. Portugal submitted a memorandum which, in the interests of consumers, attacked limitation and favored competition, with its resulting natural regulation and development of better methods of production.<sup>14</sup> The usual objections to administrative changes which the proposals before the conference would necessitate were voiced on all sides, and France remained unalterably opposed to the binding nature of estimates.

These proposals and objections reveal the divergent points of view which have always stood in the way of effective international

control, as well as the gradual but perceptible change in the attitude of governments and their increasing surrender of so-called "sovereign rights" to international bodies. Out of the hodgepodge of ideas and debates during the Geneva Conference of 1925 emerged a convention which represented a definite advance over the Hague Convention of 1912, although it fell far short of providing the stringent measures recommended by the American and British delegations.

#### The Geneva Convention of 1925

The Hague Convention was replete with qualifications. The one important mandatory provision of that Convention was an obligation to control by law the production and distribution of raw opium. Practically none of its other requirements were mandatory, and few were outlined in sufficient detail to create administrative standards to which governments could be specifically held.

On the other hand, while the quota plan for definite limitation of manufacture was not accepted by the conference, the Geneva Convention of 1925 binds all signatory governments to limit exclusively to medical and scientific purposes the trade in and use of the dangerous derivative drugs of opium and the coca leaf—morphine, heroin, cocaine and certain other narcotic drugs.<sup>15</sup> Domestic regulations are to include provision for licensing places and persons engaged in manufacture and trade. The list of derivative drugs to which regulation must be applied is materially increased under the Geneva Convention, in comparison with the Hague Convention, and a method is set up for determining whether any narcotic drug is habit-forming and for including such drug in the required system of control.

In Chapter V the Geneva Convention sets forth the requirements for control of international trade. A method called the Import and Export Certificate System had been developed by the Opium Advisory Committee out of the tenuous agreement in the Hague Convention regarding licenses and exchange of information. "This system provides that no import or export of drugs covered by the Convention may be made legally without an official permit from a central government authority, in most countries the Ministry of Public Health. Furthermore, no export permit may be granted unless the applicant submits the import permit issued to the prospective importer by the proper governmental authority in the country to which the consignment is destined."<sup>16</sup> Before 1924 twenty-

13. League of Nations, Report of Sub-Committee C, 2nd Session Opium Conference, Plenary Session, C.760.M.260.1924.XI., Vol. II, p. 481.

14. League of Nations, Minutes of the 2nd Geneva Opium Conference, Committees and Sub-Committees, C.760.M.260.1924.-XI., Vol. II, p. 243.

15. Geneva Convention of 1925, C.88(1).M.44(1).1925.XI., Chapter II, Article 5

16. J. D. Farnham and H. H. Moorhead, "International Limitation of Dangerous Drugs," *Foreign Policy Reports*, April 1, 1931, p. 23.

nine countries had accepted this plan, although in many of the largest manufacturing countries it was not in actual operation. The 1925 Geneva Convention incorporated this system so that it would become universal as far as the signatories to the document were concerned.

Chapter VI established a control board—the Permanent Central Board. The international obligations therein undertaken and the powers and duties given to the Permanent Central Board represented a compromise between the fundamentally differing points of view discussed at the conference. Nevertheless the Board,<sup>17</sup> consisting of eight persons technically disinterested, competent, impartial and without salary, was given fairly important powers. It is to receive quarterly import and export statistics, annual estimates of imports for internal consumption, and annual statistics of the production of raw material, the manufacture of drugs, stocks, consumption, and quantities seized for illicit import. The sum total of the estimates is to furnish the figures showing world needs of drugs. On the basis of this information the Board is to “watch continuously the course of the international trade,” to ask through the Secretary-General for explanations from any country in danger of accumulating excessive stocks or becoming a center of illicit traffic. If a satisfactory answer is not given, all governments and the Council shall be notified and the Board can recommend that further exports of these substances to the country in question be stopped. Although the governments did not expressly undertake to abide by the decisions of the Board, the sanction of full publicity in all such cases is provided by the Convention.

The Board lost the most important of the powers originally proposed for it, chiefly because France would not agree that estimates of need should be binding in character, nor that the Board should be allowed to supply missing estimates, modify the estimates, or use them except “as a guide in the discharge of its duties.” Moreover, estimates were not to include all requirements for manufacture and commerce, but only imports for domestic consumption. A most important point was that the estimates were not to be made public. The proposed independence of the Board in its relations with governments was limited in that its formal requests for explanations must be made through the Secretary-General of the League of Nations.<sup>18</sup> The statistical

information concerning manufacture and stocks was to be submitted annually, instead of every six months as the Advisory Committee had proposed. A government objecting to a recommendation that exports to another country should be stopped might simply inform the Council and the Board of its objections and offer its explanation.

#### Necessity for Direct Limitation of Drug Manufacture

In the interval between the signing of the Geneva Convention of 1925 and its ratification in 1928, it became apparent that the smuggling of drugs was so extensive that legislation more drastic than the Geneva Convention would be necessary. Largely through the efforts of the Opium Advisory Committee of the League, facts were disclosed showing that smuggled drugs were being consigned in quantities ranging from a few pounds to a ton. In many quarters it was insisted that even when the Geneva Convention came into effect, it would be inadequate to meet this situation because, while it imposed a general obligation to limit manufacture, it did not define the method for achieving such limitation.

It became obvious that a new conference would have to be called to consider methods of attaining direct limitation. The League Assembly of 1929 directed the Opium Advisory Committee to consider all projects put before it and to frame plans for direct limitation of manufacture, which was at last officially accepted as a principle.<sup>19</sup>

At the thirteenth session of the Advisory Committee, January 20-February 14, 1930, various plans for limitation were considered.<sup>20</sup> The Chinese proposed the establishment of an international factory under the immediate control of the League. The report of the Preparatory Committee of the 1924 conference was also brought up again. But the only scheme seriously considered and the one finally adopted by the Committee as the basis for discussion, was the British Plan, which was substantially the same as that proposed in 1924 and rejected by the Committee Preparatory to the Second Geneva Conference. It had three main points. First, each country was to submit estimates of its requirements for consumption and for conversion into other drugs, and these estimates were to be binding. Second, the present manufacturing countries were to apportion among themselves the manufacture to supply this world total. Countries desiring in the future to begin manufacture were to give notice to that effect, so that

17. The Geneva Convention provides that the Council of the League shall sit as an electoral body, with official representatives from the United States and Germany to elect the Permanent Central Board. At the expiration of the first term of office of the Board members in 1933, the United States sent an official representative who sat with the members of the Council and voted for reappointment.

18. Cf. p. 337.

19. League of Nations, *Resolution of the 10th Assembly*, September 24, 1929.

20. League of Nations, Advisory Committee on Traffic in Opium and Other Dangerous Drugs, *Minutes of 13th Session*, C.121.M.39.1930.XI., p. 399.

quotas could be redistributed. Third, international supervision was to be increased by investing in a central office the power to pass on the legitimacy of every order of manufactured drugs before shipment could be made.

As a measure of strict control this quota plan was practically water-tight. But it was opposed both by manufacturing and consuming countries. At the 1930 London Conference of Drug Manufacturers, which met at the invitation of the British government to discuss the allocation of quotas, it was found that two obstacles stood in the way of agreement. First, it was proposed that apportionment be based on present legitimate imports of each country; in certain cases, however, it was impossible to ascertain that figure because of the quantity of drugs escaping into illicit traffic. The second obstacle, and the one on which the conference broke up, was the determination of Yugoslavia and Turkey to have a substantial share in the quotas. These two countries had formed a joint marketing and export agreement for raw opium, and declared their intention of entering the manufacturing field; they consequently opposed any scheme of restriction on a quota basis unless they were allotted a satisfactory share of the export trade—a demand the other manufacturing countries were unwilling to meet. This emphasized the fundamental weakness in the quota system: the *status quo* of the division of the export market was crystallized as of a given date. As a result, it seemed practically impossible for a country desiring to undertake drug manufacture to enter the export market, since this could be done only if its competitors consented to yield portions of their quotas.

The opposition of consuming countries to the quota plan was voiced by the Chinese, Mexican, Polish, Spanish and Uruguayan members of the Advisory Committee in a minority statement commenting on the Opium Advisory Committee's draft convention framed on the basis of the "quota system." They maintained that any system of limitation must be definite and must safeguard the right of every country to place orders where it wished: to this end, the amounts of drugs annually required by each country and the source of imports should be reported to the Central Board a year in advance. Each country's manufacture would then be limited to the total orders which the Central Board reports indicated it was to receive. This was virtually the so-called Crane Plan, which originated from a suggestion by Dr. Knaff-Lenz, member of the Health Committee of the League, and revived by Mr. A. E. Blanco, acting secretary of the Health Committee when the suggestion was first proposed.

#### THE DRUG LIMITATION CONFERENCE OF 1931

In 1931 the fundamental differences of opinion centered on the method of allocating the manufacture of the world's drug supplies for the export trade, rather than on the extension of powers to be granted to an international control body. At the limitation conference of 1931 support for the quota system broke down. The Crane Plan was also viewed with disfavor, largely because of the practical difficulties involved in the application of such a rigid and detailed scheme. The conference finally agreed to embody in the Convention important points from the proposals of the Japanese, French and United States delegations. Japan advocated binding estimates which would constitute a world total; France suggested the accumulation of national stocks from which export orders could be filled. The United States proposed strict limitation of raw materials in the hands of manufacturers as a means of controlling the amounts they could manufacture.

The basic ideas—binding estimates and effective international supervision—had been urged for many years by the British delegate, who also contributed most of the effective administrative provisions embodied in the Convention of 1931.

This Convention<sup>21</sup> represented concessions which had been rejected in 1925 as involving a surrender of sovereign powers, but in 1931 were accepted as necessary to any adequate system of control.

#### Analysis of Drug Limitation Convention

Under the 1931 Convention estimates of needs of drugs, to be submitted by all countries annually a year in advance, are for the first time binding. Governments must limit imports and manufacture of narcotic drugs to the amounts shown in their advance estimates as necessary either for use as narcotic drugs within the country, as raw material in the manufacture of derivative drugs which must also be limited by the estimates, or for export. These estimates are sent to the Permanent Central Board.

If any country, even one not a party to the Convention, fails to submit its annual estimates within the specified time or to include all the drugs for which estimates should be made, these estimates are to be fixed<sup>22</sup> by a newly created international organ, the Supervisory Body, created by the 1931 Convention. It consists of four members chosen by the Opium Advisory Committee, the Permanent Central Board, the Health Committee of the League and the Office International d'Hygiène Publique.<sup>23</sup> Its duty is to examine the

21. Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, 1931.

22. *Ibid.*, Chapter II, Article 2.

23. *Ibid.*, Chapter II, Articles 6-7-8.



estimates submitted by governments and, if necessary, amend them with the consent of the governments concerned; furnish estimates for governments which fail to submit them or delay in so doing; publish a statement of the total world estimates and give any explanations it deems necessary to a clear understanding of the figures involved. A detailed report is made by the Supervisory Body to the Permanent Central Board, so that for the first time the latter has access to definite statistics on the question whether any country may be accumulating quantities of drugs in excess of its needs or threatens to become a source of danger as a center of illicit traffic.

To protect governments in case of emergency and safeguard manufacturers against fluctuation in trade and prices, supplementary estimates are provided for by the 1931 Convention. Such estimates may be submitted at any time during any year in which the country concerned needs more of a given drug than was indicated in its annual estimates. As an additional safeguard, all estimates may include amounts necessary to create or maintain reasonable reserve stocks. If orders have depleted reserve stocks below the established level, the estimates for the next year may include the amounts necessary to bring stocks up to this level. The amount of these reserve stocks must be included as a separate item in the estimates and are subject to the same control by the Permanent Central Board as the supplies of drugs imported or manufactured in the regular course of business.

Two weaknesses of the Geneva Convention of 1925 were its failure to control such drugs as codeine, which is made from morphine but contains so small a percentage of this narcotic as to have been exempted from the provisions of the convention; and its failure to provide practical means for including in the convention new and dangerous habit-forming drugs made from morphine, cocaine, etc. As a result, large quantities of narcotics were reported to have been converted into non-controlled drugs, and there was no way of checking the accuracy of the reports. The 1931 Convention requires the inclusion of codeine and similar drugs in the estimates, and specifies certain of the control requirements.

To prevent evasion by marketing newly discovered drugs not specifically subject to its provisions, the convention requires every government to prohibit the marketing of any such drug until the government concerned has satisfied itself that evasion is not being attempted and that the new drug has medical or scientific value. In addition, samples of every such drug must be tested by the Health Committee of the League of Nations. If this

Committee finds the sample to be habit-forming or convertible into a habit-forming drug, the drug becomes automatically subject to the provisions of the 1931 Convention upon notification to the governments concerned.

As a final and important method of limiting manufacture to the amounts of the estimates, each government is required to limit the raw materials in the hands of its manufacturers to the amount necessary to supply their needs for a period not exceeding six months. This provision was adopted as a result of experience in the United States, where limitation to legitimate needs has been successfully effected by this means for a number of years.

In addition to its provisions for limitation of manufacture, the 1931 Convention included a number of improvements over the Geneva Convention. A special administration is a definite obligation.<sup>24</sup> The export of heroin is prohibited except directly to a government department which has final responsibility for distribution of this drug. Moreover, every country from which a shipment of drugs exceeding 5 kilograms is to be made to a state not a party to either the 1925 or 1931 Conventions must ask the Central Board whether the shipment would cause the estimates of the importing country, as supplied by the Supervisory Body, to be exceeded. Should such an excess result, the consignment is not to be permitted.

Finally, should the export and import returns of a given country, as supplied to the Permanent Central Board, show that total estimates of any drug have been exceeded, the Central Board may notify all contracting parties of the fact; the latter then, during the year in question, may not authorize any new exports to that country unless it submits a supplementary estimate or when "essential in the interests of humanity." The Report on Opium of the Fifth Committee of the 1934 League Assembly states: "This is tantamount to a kind of general embargo of world-wide scope which, so far from remaining a dead letter, has already been applied on several occasions during the past year. Such a proceeding is without precedent in the history of international law."

This summary of the Drug Limitation Convention indicates that the ideas implicit in the Hague Convention of 1912 and accepted only in part by the Geneva Convention of 1925 were crystallized in the Limitation Convention of 1931. Some years of administrative experience will be needed to determine whether there are loopholes in the provisions for reserve stocks and supplementary estimates which will permit illicit traffic in drugs.

24. *Ibid.*, Chapter VII, Article 15.



## WORK OF PERMANENT CENTRAL BOARD AND SUPERVISORY BODY

The Supervisory Body has functioned for only eighteen months and has issued estimates of world needs for 1934 and 1935. It is too soon to evaluate either the powers given it by the 1931 Convention, or their application. The Permanent Central Board, however, has functioned for six years, and on the basis of its activities certain conclusions can be drawn. Even more important than the legal control is the wisdom of those charged with administration of this new task of international supervision. The manner in which the Permanent Central Board and the Supervisory Body have handled their tasks and the results obtained may furnish valuable experience for future international bodies created to control such other articles of international trade as arms and munitions.

### THE PERMANENT CENTRAL BOARD<sup>25</sup>

From the start the Board has insisted on the independence<sup>26</sup> granted it by the Geneva Convention of 1925, and the independence of its Secretariat—both, in its opinion, being prerequisites for international acceptance of its conclusions and the success of its efforts. Moreover, at its second session in 1929 the Board decided<sup>27</sup> that its right to communicate directly with governments was essential to its independence.

The Board has three specific duties under the 1925 Convention: (1) statistical, i.e., to prescribe the form of statistics, receive them from governments, and communicate them to the contracting parties; (2) quasi-judicial, i.e., to watch international trade in drugs and determine whether any country is accumulating an excessive stock or threatens to become a center of illicit traffic and, if so, ask for explanations, hold hearings and recommend sanctions when necessary; and (3) publicity, i.e., to report on its work and publish its reports.

### Statistics

The Board gave notice in 1925 that for the purpose of effecting more complete control it would ask for statistics from governments not parties to the 1925 Convention.<sup>28</sup> By 1933 it was receiving statistics not only from the 50 parties to that Convention, but from 10 other sovereign states and about 100 colonies, dependencies, mandates, etc.<sup>29</sup> The

Board has interpreted its duty "continuously to watch the course of international trade" and the requirement that governments submit to it quarterly statistics of imports and exports<sup>30</sup> as a mandate to hold four meetings a year. This policy, reinforced by action taken by the president and secretary between meetings, permits constant supervision of the performance of treaty obligations which some students consider an essential element in the proper functioning of international undertakings.

Discrepancies between the figures reported by some of the importing countries and those from exporting countries early led the Board to institute a system of direct correspondence with the governments concerned. Remarkable results were obtained by this method. While practically every report to the Council still contains some reference to discrepancies, by 1932<sup>31</sup> these had been materially reduced. Inquiries by the Board have increased statistical accuracy, as well as uncovered and terminated several irregular transactions.

At the end of the first year of its work the Board annexed to its annual report a complete statistical picture, by tables and graphs, of the entire production, manufacture, stocks, consumption, imports and exports of the world, and the directions of the international movement of the raw material and manufactured drugs—a practice that has been continued to date. By the end of the next year a bookkeeping check had been set up for each country (necessarily approximate because the 1925 Convention did not cover all drugs), whereby the stock in each country at the end of the year, according to the Board's calculations, was compared with the amount reported, and governments were questioned whenever a substantial discrepancy appeared.<sup>32</sup>

By far the most important part of the statistical aspect of the work was the summarized analysis, in the annual report, of the preceding year's figures, a comparison with previous years, and the conclusions and comments of the Board. For example, in its report for 1929, the first year of its work, the Board stated that it would seem from its calculations "that some 12 tons of morphine were manufactured in 1929 and became available for the illicit traffic in the form of esters."<sup>34</sup> And the Board went on to say:

25. M. Lucide Agel (French); Dr. Otto Anselmino (German); Sir Atul Chatterjee (Indian); Professor G. Galiavresi (Italian); Mr. L. A. Lyall (British); Mr. Herbert L. May (American); M. D. Milicevic (Yugoslav); Professor M. Miyajima (Japanese).

26. League of Nations, *Report of the Council*, C.176.1929.XI., May 9, 1929, p. 1.

27. *Ibid.*, p. 1.

28. *Ibid.*, p. 2.

29. League of Nations, *Report to Council*, C.390.M.176.1934-XI., September 7, 1934, p. 17-22.

30. 1925 Geneva Convention, Articles 22 and 24.

31. League of Nations, *Report to the Council*, C.495.M.250.-1933.XI., September 5, 1933, p. 13.

32. Cf. Reports of Permanent Central Board to League Council, 1929-1935.

34. League of Nations, *Report to the Council*, C.629.M.250.-1930.XI., 1930, p. 4.

"What has happened to the large quantity of esters of morphine that were undoubtedly produced in past years? Has the whole amount already been consumed in the illicit traffic, or are portions of it still in the hands of distributors? If the latter is the case, it is important that these stocks should be strictly controlled by the governments concerned. For any country in which considerable quantities of esters of morphine are in the hands of persons who are not under the strictest control is certainly in danger of becoming a center of the illicit traffic." This was obviously intended as a warning. In its report for the following year,<sup>35</sup> the Board called attention to 4½ tons of morphine and heroin which had escaped into the illicit traffic in France (a fact admitted by France and followed by tightening of French control to stop the leak) and 5½ tons from Turkey. The situation in Turkey led the Board to take its first step in applying sanctions.<sup>36</sup>

In its report for 1931 the Board compared world manufacture for that year and estimated world needs, showing that the former figure was for the first time beginning to approach the latter.<sup>37</sup>

From the beginning, the Board made a comparative study of the consumption of drugs, not because this was a specific duty but because an apparent excessive consumption might indicate a leakage into the illicit traffic. All the annual reports refer to inquiries by the Board regarding excessive consumption, and the replies of governments; the later reports make grateful acknowledgment of these voluntary explanations and resulting reductions in consumption statistics.

So much for the statistics, with respect to which the Board acts as an international accounting body, commending governments not for increased business, but for reductions. One of the chief advantages derived from this method of control seems to be that governments do not resent the fact that a board is continuously checking them. The attitude of the Board has always been that it is helping governments to fulfill their voluntary obligations. This attitude has set an interesting precedent. The Secretary of the Board has visited several countries at their request to clear up statistical and administrative difficulties, and in one case a member of the Board, Dr. Ramsay, visited Copenhagen and other free ports on the Baltic.<sup>38</sup>

35. League of Nations, *Report to the Council*, C.439.M.186.-1931.XI., p. 11-12.

36. Cf. p. 339.

37. For graph indicating the downward trend of drugs manufactured from 1929 to 1933, cf. p. 343.

38. League of Nations, C.241.M.120.1930.XI., p. 3.

### Quasi-Judicial Functions

In its quasi-judicial capacity, the Board supervises fulfillment of certain obligations voluntarily assumed by governments, specified in the following provisions of the 1925 and 1931 Conventions:

#### Geneva Convention of 1925

##### ARTICLE 24

1. The Central Board shall continuously watch the course of the international trade. If the information at its disposal leads the Board to conclude that excessive quantities of any substance covered by the present Convention are accumulating in any country, or that there is a danger of that country becoming a centre of the illicit traffic, the Board shall have the right to ask, through the Secretary-General of the League, for explanations from the country in question.

2. If no explanation is given within a reasonable time or the explanation is unsatisfactory, the Central Board shall have the right to call the attention of the Governments of all the Contracting Parties and of the Council of the League of Nations to the matter, and to recommend that no further exports of the substances covered by the present Convention or any of them shall be made to the country concerned until the Board reports that it is satisfied as to the situation in that country in regard to the said substances. The Board shall at the same time notify the Government of the country concerned of the recommendation made by it.

3. The country concerned shall be entitled to bring the matter before the Council of the League.

4. The Government of any exporting country which is not prepared to act on the recommendation of the Central Board shall also be entitled to bring the matter before the Council of the League.

If it does not do so, it shall immediately inform the Board that it is not prepared to act on the recommendation, explaining, if possible, why it is not prepared to do so.

5. The Central Board shall have the right to publish a report on the matter and communicate it to the Council, which shall thereupon forward it to the Governments of all the Contracting Parties.

##### ARTICLE 26

In the case of a country which is not a party to the present Convention, the Central Board may take the same measures as are specified in Article 24, if the information at the disposal of the Board leads it to conclude that there is danger of the country becoming a centre of the illicit traffic; in that case the Board shall take the action indicated in the said Article as regards notification to the country concerned.

Paragraphs 3, 4 and 7 of Article 24 shall apply in any such case.

#### Drug Limitation Convention of 1931

##### ARTICLE 14

1. Any Government which has issued an authorisation for the export of any of the drugs which are or may be included in Group I to any country or territory to which neither this Convention nor the Geneva Convention applies shall immediately notify the Permanent Central Board of the issue of the authorisation; provided that, if the request for export amounts to 5 kilogrammes or more, the authorisation shall not be issued until the Government has ascertained from the Permanent Central Board that the export will not cause the estimates for the importing country or

territory to be exceeded. If the Permanent Central Board sends a notification that such an excess would be caused, the Government will not authorise the export of any amount which would have that effect.

2. If it appears from the import and export returns made to the Permanent Central Board or from the notifications made to the Board in pursuance of the preceding paragraph that the quantity exported or authorised to be exported to any country or territory exceeds the total of the estimates for that country or territory as defined in Article 5, with the addition of the amounts shown to have been exported, the Board shall immediately notify the fact to all the High Contracting Parties, who will not, during the currency of the year in question, authorise any new exports to that country except:

(i) In the event of a supplementary estimate being furnished for that country in respect both of any quantity over-imported and of the additional quantity required; or

(ii) In exceptional cases where the export in the opinion of the Government of the exporting country is essential in the interests of humanity or for the treatment of the sick.

### Sanctions

In almost every report to the Council, the Board complains regarding the absence of statistics from South and Central America, and as early as October 1930 the Board asked the Council to call the provisions of the Convention to the attention of one of the contracting parties.<sup>39</sup> These actions raised an interesting question as to the manner in which the sanction powers provided for by the Geneva Convention should be used. In its first annual report<sup>40</sup> the Board stated that its policy "up to the present has been to take informal action." Later reports indicate continuance of that policy, made possible by the Board's insistence on direct communication with governments, which differentiates this type of informal action from that prescribed in Articles 24 and 26. The latter articles provide that governments should make formal explanations through the Secretary-General of the League—a procedure which might appear to threaten national honor and prestige. The informal procedure of the Board is considered by some observers one of the factors of its acknowledged success. That the governments members of the League approved the methods of the Board is indicated by the reappointment of the Board in 1933.<sup>41</sup>

In only two cases has the Board started the machinery of sanctions. The first case was that of Turkey. The first formal step was to notify the Turkish government through the

Secretary-General that Turkey threatened to become a center of illicit traffic, if it had not already become one, and of asking that a representative be sent to discuss the matter with the Permanent Control Board. The procedure of the Board is revealed in its report on the results obtained:

"The situation in Turkey has been a cause of anxiety to the Board for some time past. The Opium Advisory Committee reported so fully on the question to the Council in February 1931 that it seems unnecessary to repeat the facts here. They were considered by the Board at its meeting in January and again in April. The Board then concluded that there appeared to be a real danger of Turkey becoming, if it had not already become, a centre of the illicit traffic; and therefore on April 20th, 1931 it addressed a letter to the Secretary-General of the League in accordance with the terms of Articles 24 and 26 of the Geneva Convention, requesting him to inform the Turkish Government that the Board proposed to discuss the matter at its next session beginning on August 10th and to invite the Turkish Government to send a representative to be present at this discussion. On August 12th the situation in Turkey was accordingly further discussed by the Board. In the presence of the Turkish representative, the question was again discussed on August 20th.

"The Board came to the conclusion that during the year 1930 and during the first weeks of 1931 there was no doubt that Turkey had been a centre of the illicit traffic. But the duty of the Board under Articles 24 and 26 of the Geneva Convention being to see whether there is a present danger of the country in question becoming or continuing to be a centre of the illicit traffic, the Board has thought fit to take notice of certain recent events. It appears from the information at the disposal of the Board that after the issue of the Decree of February 15th, 1931, by the Turkish Government concerning the control of narcotic drugs, one of the three drug factories situated at Constantinople was closed and the other two placed under the strictest supervision. Since that date, the legal export of manufactured narcotic drugs from Turkey has practically ceased and only one seizure of narcotic substances of Turkish provenance has been reported to the Advisory Committee. Moreover, the Board has learned that a draft law for the establishment of a monopoly of narcotics has been presented to the Turkish National Assembly. There is therefore evidence that the Turkish Government has realised the necessity of taking rigorous and effective measures to suppress the illicit traffic.

"Relying on the fullest collaboration of the Turkish Government, the Board therefore adjourned the question."<sup>42</sup>

Subsequent reports show that no further action has been necessary in regard to the Turkish situation. Moreover, Turkey acceded in 1933 to all three of the existing narcotic drug Conventions.

The second case of the use of sanctions was that of Bulgaria.

"The Advisory Committee was greatly concerned at the information which had come to its knowledge regarding extensive developments in the clandestine manufacture of heroin in Bul-

39. France failed to send in quarterly statistics and particulars of seizures of illicit drugs in time to be examined. Report to the Council, C.629.M.250.1930.XI., cited, p. 3.

40. *Ibid.*, p. 10.

41. Cf. p. 1 of the Report to the Council, C.390.M.176.1934.XI., 1934: "The Board ventures to think that the fact that all members of the Board who were willing to serve for a further period have been reappointed is a mark of confidence reposed by Governments and the general public in the past work of the Board and in the principles which have guided the general policy of the Board since its inception."

42. Permanent Central Board, Report to Council, C.439.M.186.1931.XI., p. 4.



garia. It was unanimously of opinion that the existing situation in Bulgaria must be remedied if the efforts of Governments and of the League of Nations to limit the manufacture of drugs to the legitimate medical and scientific requirements of the world were not to be frustrated.

"Three essential aspects of the question were emphasised in turn by the representatives of the United States, Canada and Egypt.

"The American representative drew attention to the increase in the imports into Bulgaria of a substance—acid acetic anhydride—which can be used for industrial purposes in the manufacture of aspirin, dyestuffs and artificial silk, but which is also in practice indispensable for the manufacture of heroin. The imports of this product into Bulgaria, mainly from Germany and France, are reported to have risen from 70 kg. in 1931 to 3,500 kg. in 1932 and 6,000 kg. in 1933. As Bulgaria does not produce aspirin, dyestuffs or artificial silk, there is reason to believe that this product is imported for the manufacture of heroin. The above-mentioned quantities were sufficient to produce, respectively, 35 to 70 kg. of heroin in 1931, 1,750 to 3,500 kg. in 1932, and 3,000 to 6,000 kg. in 1933—i.e., in the last case, from two to four times the legitimate heroin requirements of the entire world, which are estimated as 1,500 kg. per annum.

"The Canadian representative referred to the parallel increase of the production of raw opium in Bulgaria, which is reported to have risen from 4,000 kg. in 1932 to 45,000 kg. in 1933 and is estimated at 65,000 kg. in 1934.

"The Egyptian representative gave the Committee a list of ten factories and laboratories which produce heroin apparently intended for the illicit traffic, the output being estimated at not less than 3,000 kg. in 1934.

"According to the information which has reached the United Kingdom representative also, there are at least two secret factories at work in Sofia, and drugs are leaving Varna and Burgas for the East, or are passing into Europe across the land frontiers. The Radomir factory is said to have resumed work, and two new factories are believed to have been opened recently.

"The situation seemed to the Committee to be particularly serious, because there is as yet no effective drug legislation in Bulgaria."<sup>43</sup>

The Permanent Central Board, having before it these facts as well as its own information, dealt with the situation as follows: "The representative of Bulgaria, appeared before the Board and satisfied it that his government "was fully alive to the danger and is taking the necessary steps to meet the situation."<sup>44</sup> The next year, the Board, doubtless influenced by the fact that the Opium Advisory Committee was also proceeding in the matter, stated that it had up to the date of its last report taken no further action.<sup>45</sup> This, of course, does not mean that the case cannot be reopened if the Board is not satisfied with the results of action promised by Bulgaria.<sup>46</sup>

In the cases of both Turkey and Bulgaria it was necessary for the Board to take only the first formal step toward application of sanctions. The embargo provisions of the convention were not invoked. In all other cases informal communications by the Board, perhaps due in part to the sanction power in the background, has been sufficient to produce effective results.

#### Publicity

Reference has already been made to publication by the Board of its annual report. Much of the Board's success is probably due to the publicity given to its conclusions, which, owing to the independence of the Board from political influences, are often couched in terms somewhat stronger than those used in ordinary diplomatic exchanges. Notwithstanding the frankness of its criticisms, the Board enjoys the cooperation of the governments, largely because of its willingness to investigate apparent discrepancies by informal methods. Only one complaint against publicity has been registered; one manufacturing country complained that the publication of certain statistical annexes might injure its legitimate commerce. The arguments of the Board apparently satisfied the country in question, as the annexes continued to appear thereafter with but little evident change.

#### POWERS OF THE SUPERVISORY BODY

It is too early to evaluate the efficacy of the additional powers granted the Board under the 1931 Convention, as the first report on the application of this Convention (most of whose provisions went into effect only on January 1, 1934) will not be issued until late in 1935.

The powers of the Supervisory Body created by the Drug Limitation Convention of 1931 have been outlined in previous pages.<sup>47</sup> To sum up: it passes on advance estimates, may ask for further information and may amend estimates with the consent of the governments concerned; must make estimates for any country failing to do so (whether a party to the Convention or not), and must publish a statement by November 1 of the

43. League of Nations, C.256.M.105.1934.XI (O.C.1562[1]).

44. Report to the Council, C.495.M.250.1933.XI., September 5, 1933, p. 3.

45. Report to the Council, C.390.M.176.1934.XI., September 7, 1934, p. 4.

46. "It is happy to learn from the Bulgarian Government that, thanks to the very strict supervision exercised over factories and over producers of opium for the purpose of ascertain-

ing the exact quantities of opium produced, and thanks also to the limitation of the number of dealers in raw opium with a view to the more effective supervision of the movements of such opium, factory after factory is closing down, and out of the seven factories licensed only four remain, one of which has not been working, while the other three are under very close observation. The Committee has also noted with great interest the promulgation of the circular of June 5th, 1934, whereby the import of acid acetic anhydride into Bulgaria is prohibited except under a special authorisation specifying the purpose for which that product is to be introduced into the country, and all persons in possession of acid acetic anhydride are required to declare the fact within ten days. A new Bill is being drafted, which will bring Bulgarian legislation into line with the obligations entailed by the Limitation Convention." C.530.M.241-1934.XI.(O.C.1581(.)), p. 3.

47. Cf. pp. 335-36.

year preceding that to which the estimates apply, giving the estimates for each country and territory with respect to each drug. It may publish a country's explanations as well as its observations.

The first report of the Supervisory Body, issued on October 30, 1933,<sup>48</sup> stated that 45 countries (including 14 not parties to the convention) and 83 colonies, territories, protectorates and mandates had furnished estimates for 1934; its second report,<sup>49</sup> giving estimates for the year 1935, showed that these figures have been increased respectively to 54 (including 14 not parties to the convention) and 99; for both years the Supervisory Body has framed estimates for all the rest of the world.

These measures of control have resulted in definite reduction of the quantity of dangerous drugs legally manufactured.<sup>50</sup> The esti-

mates submitted by governments, although inevitably somewhat padded in the beginning, are gradually approaching the tentative figures of world needs stated in the Drug Limitation Convention of 1931: morphine 9 tons, diacetylmorphine (heroin) 2 tons, cocaine 5½ tons.<sup>51</sup> Further experience with the action of the Supervisory Body will probably reassure the governments that legitimate business interests will not be injured by estimates more closely approaching actual medical and scientific requirements. At present many governments, pressed by their manufacturers, and dubious regarding the effects of this new method of international control, are sending high estimates covering any and all contingencies. The experience of the Permanent Central Board indicates that, as the confidence of governments increases, the efforts of the Supervisory Body will probably become steadily more effective.

## RESULTS OF INTERNATIONAL CONTROL OF ILLICIT TRAFFIC

Since the legitimate manufacturers are known all over the world, and the amount they manufacture becomes limited to carefully prepared estimates of medical and scientific needs, illicit manufacture and traffic stand more clearly revealed. During the period of activity of the Permanent Central Board, the large-scale illicit traffic has been driven from Turkey to Bulgaria and China. The action recently taken by the Bulgarian government bids fair to put an end to illicit trade in Bulgaria.<sup>52</sup> In relation to population and export trade figures, Japan shows very high figures of heroin and cocaine,<sup>53</sup> and France of morphine, manufacture. The Board continuously makes inquiry into their situation, but so far no important seizures of drugs in the illicit traffic have been traced to Japan, except in the case of cocaine seized in India. But the Opium Advisory Committee and the Permanent Central Board are increasingly vigilant in all parts of the world where conditions, governmental or social, invite the illicit manufacturer. Central and South American governments have been lax in performing the obligations they have undertaken in ratifying the 1931 Drug Limitation Convention, and their attention has been frequently drawn to this fact by official and unofficial communications. While China has recently become a potential source of drugs smuggled to the west coast of the United States and Canada, chaotic

conditions in that country make detection and control of the illicit traffic extremely difficult. Cooperation with China by all the treaty powers will be necessary to help the central government in exterminating this evil.

The extent of illicit traffic, like the extent of addiction, remains unknown. Figures of seizures are at best a poor guide. Increase in seizures may mean increase in the traffic, or increase in the effectiveness of governmental enforcement. The aim of the League is to corner clandestine manufacture and traffic, reveal that certain governments are lax in enforcement, and center public opinion on countries which have not exterminated "this scourge of humanity."

The problem of narcotics clearly shows the necessity for cooperation between nations in solving problems essentially international in scope. The administrative record of the Permanent Central Board and that of the newly created Supervisory Body prove that international experts can function effectively without injuring either the legitimate interests of business or the susceptibilities of sovereign powers. Only out of experience can confidence arise. The study of the methods and achievements of international cooperation through the League of Nations to suppress the abuse of narcotic drugs gives a sound basis for the assertion that subjects similar in scope, such as the private manufacture and trade in munitions, may profitably be studied in the light of the experience gained by international administration of the trade in narcotics.<sup>54</sup>

48. League of Nations, C.610.M.286.1932.XI., p. 4.

49. League of Nations, C.462.M.198.1934.XI., October 17, 1934, p. 3.

50. Cf. Appendix.

51. Cf. Drug Limitation Convention, Final Act, Art. IX, p. 32.

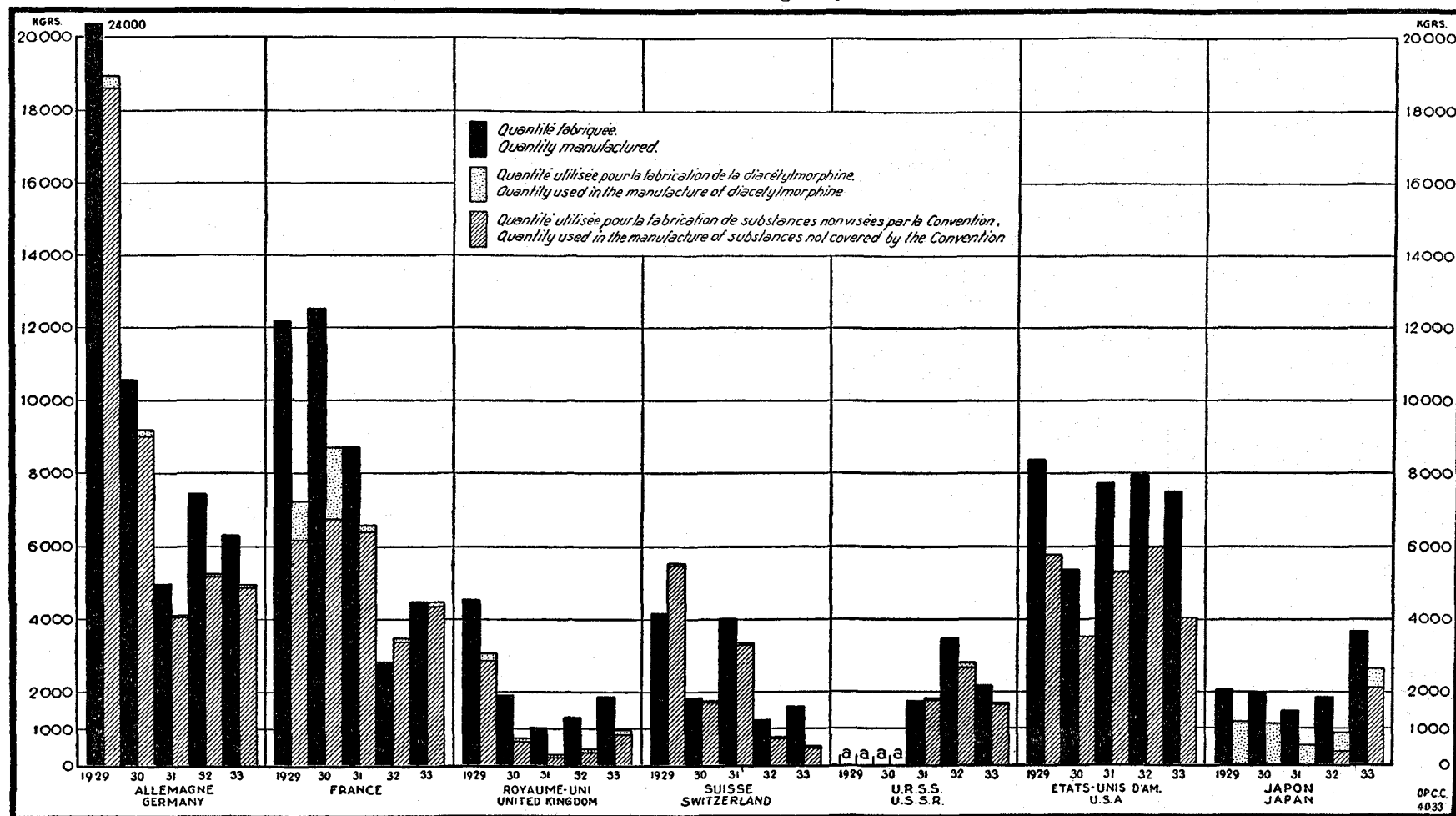
52. League of Nations, *Report to the Council on the work of the 19th Session of the Opium Advisory Committee*, C.530.M.-241.1934.XI., p. 3.

53. Cf. Appendix.

54. Cf. *Analogies between the Problem of the Traffic in Narcotic Drugs and that of the Trade in and Manufacture of Arms*, Conf. D. 159.

# MORPHINE

Manufacture and Conversion during the years 1929 to 1933

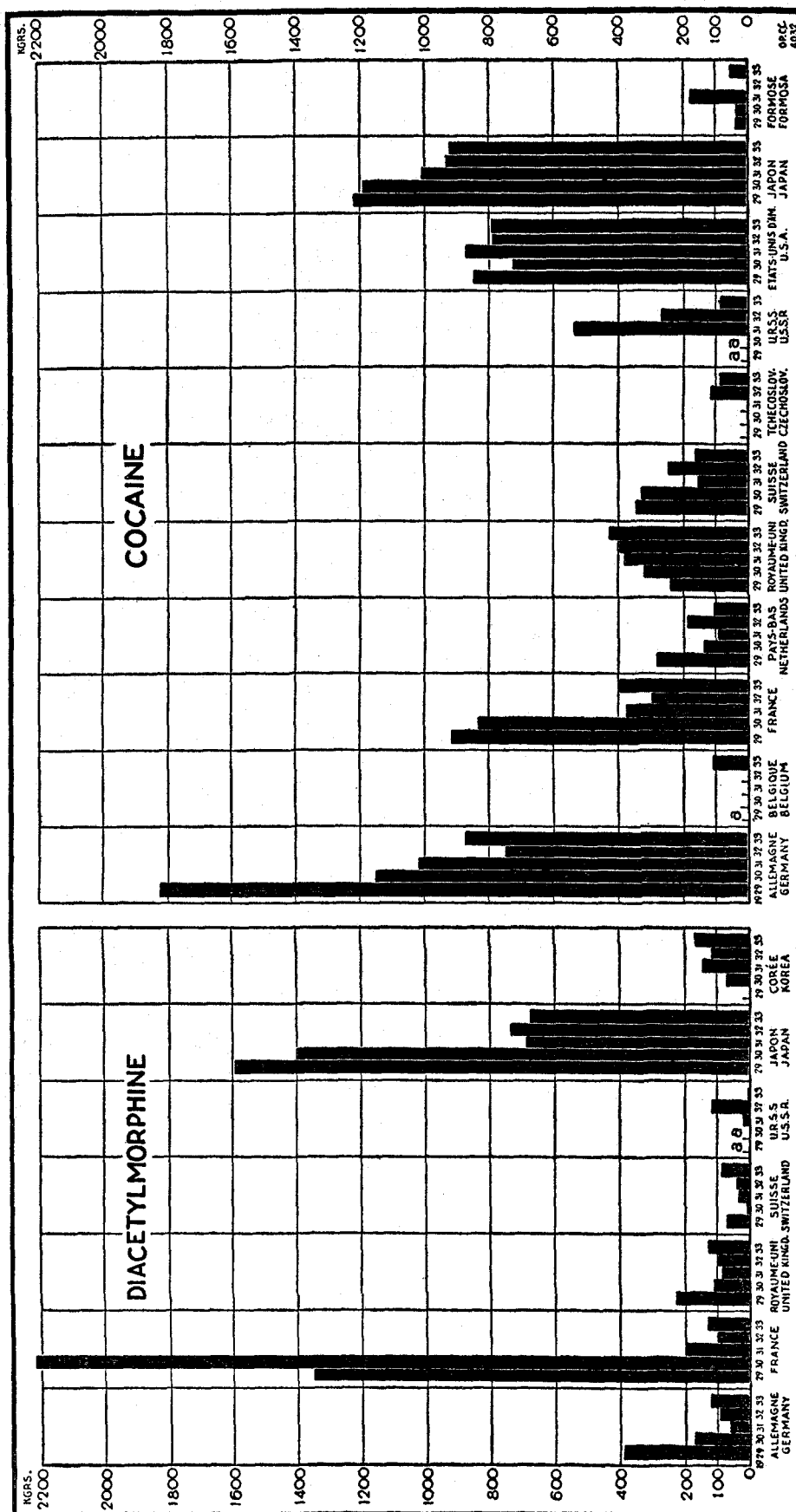


a. Figure not available.

Permanent Central Opium Board,  
League of Nations, C.390.M.176 1934.XI.



Manufacture during the years 1929 to 1933



a. Figure not available.

Permanent Central Opium Board,  
League of Nations, C.390.M.176.1934.XI.

## APPENDIX

## Estimates for 1935 Compared with Estimates for 1934

The following tables compare the estimates for 1935 in respect of the five principal drugs (a) with the estimates for 1934 (as modified up to date by supplementary estimates) and (b) with the amounts of those drugs manufactured for use as such in 1932 and 1933 and the world consumption of them in 1933 (grammes omitted in both tables).<sup>1</sup>

1. League of Nations, *Estimated World Requirements of Dangerous Drugs for 1935*, C.462.M.198.1934.XI, p. 5.

TABLE I (a).

DRUG	Amount required for use as such		Amount required for conversion		Amount required to replenish stocks		GRAND TOTAL (Columns 2+3+4)	
	1934	1935	1934	1935	1934	1935	1934	1935
	Kg.	Kg.	Kg.	Kg.	Kg.	Kg.	Kg.	Kg.
Morphine .....	9,274	9,269	27,384*	25,311*	2,333	542	38,992*	35,123*
Diacetylmorphine .....	1,545	1,093	.	.	1	-64	1,546	1,028
Codeine .....	26,429	25,318	270	950	2,766	1,785	29,465	28,054
Dionine .....	2,776	3,015	.	.	269	193	3,046	3,209
Cocaine .....	5,744†	5,493†	.	.	865	340	6,610†	5,833†

\*These figures do not include any quantity of morphine required for conversion into codeine, dionine and diacetylmorphine in the Union of Soviet Socialist Republics for which no conversion estimate has been received. The amounts of codeine, dionine and diacetylmorphine estimated by the Union of Soviet Socialist Republics as required in the years 1934 and 1935 are as follows:

	1934 (Kg.)	1935 (Kg.)
Codeine .....	4,444	4,428
Dionine .....	735	860
Diacetylmorphine .....	171	157

If any considerable part of the quantities for 1935 is to be produced in the country by conversion of morphine, the world total of morphine requirements would be increased by several tons.

†Including for the Union of Soviet Socialist Republics the following estimates for "cocaine and other similar anaesthetic substances": 1934, 1,226 kg.; 1935, 1,245 kg.

The amounts of cocaine manufactured and consumed in the Union of Soviet Socialist Republics in 1932 and 1933 were:

	Manufacture (Kg.)	Consumption (Kg.)
1932 .....	269	287
1933 .....	85	86

These estimates are the subject of discussion between the Union of Soviet Socialist Republics and the Supervisory Body.

TABLE I (b).

DRUG	Amounts manufactured and remaining for use as such		Presumed world consumption <sup>1</sup>	Amount estimated as required for use as such and to replenish stocks
	1932	1933	1933	1935
	Kg.	Kg.	Kg.	Kg.
Morphine .....	7,449	9,767	8,303	9,811
Diacetylmorphine .....	1,315	1,347	1,304	1,028
Codeine)	17,057 <sup>2</sup>	18,763 <sup>2</sup>	No data	27,104}
Dionine)				3,209} = 30,313
Cocaine .....	3,968	4,010	4,124	5,833 <sup>3</sup>

1. That is, stocks at beginning of year plus manufacture, less stocks at end of year. See Report of Permanent Central Opium Board for 1933, page 9 (document C.390.M.176.1934.XI).

2. These figures are calculated by the Supervisory Body from the amounts of morphine returned to the Permanent Central Board as used for conversion into substances not covered by the Geneva Convention—i.e., codeine and dionine. Very small amounts of codeine used for conversion into other drugs may be included in the figures. (In addition to these quantities, several tons of codeine are calculated to have been produced in 1932 and 1933 directly from raw opium.)

3. This figure apparently includes about 1,000 kg. of substances other than cocaine (see note †, on the Union of Soviet Socialist Republics).